FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHAN	GES IN BENEFICIAL	. OWNERSHIP
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	OMB APPROVAL									
	OMB Number:	3235-0287								
Estimated average burden										
l	hours per response:	0.5								

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  Veneman Ann M  (Last) (First) (Middle)  C/O ALEXION PHARMACEUTICALS, INC  100 COLLEGE STREET  (Street)  NEW HAVEN CT 06510					3. D 05/	2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC [ALXN]  3. Date of Earliest Transaction (Month/Day/Year) 05/10/2017  4. If Amendment, Date of Original Filed (Month/Day/Year)								6.	Individual ne)	oplicable) ector (cer (give title ow)  or Joint/Grou	ctor 10% Owner  Per (give title w) Other (specify below)  Or Joint/Group Filing (Check Applicable on filed by One Reporting Person on filed by More than One Reporting		
(City)	(St	ate) (	Zip)																
		Tabl	e I - Nor	ı-Deriv	ative	Se	curitie	s Acq	uired,	Dis	osed o	f, or	Bene	eficia	ally Owr	ned			
Date					(Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)  4. Securit Disposed 5)		ties Acquired (A) I Of (D) (Instr. 3,		(A) or 3, 4 a	nd Secu Bene	nount of irities eficially ed Following	Form: Dir (D) or Ind	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(	A) or D)	Price	Tran	saction(s) r. 3 and 4)			(11150.4)
Common Stock, par value \$.0001 per share					10/2017				A	2,030(1)		(1) A		\$	0	7,015	D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	Derivative lenstr. 3) Pate (Month/Day/Year) Execution Date, if any (Month/Day/Year) Price of Derivative Security			4. Transa Code ( 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Date Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)  Amount or Number of Title Shares			8. Price of Derivative Security (Instr. 5)		Owne Form: Direct or Ind (I) (Ins	t (D) lirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

## **Explanation of Responses:**

1. RSU's will vest 100% on the 1-year anniversary of the grant date.

## Remarks:

/s/ Michael Greco, Attorney-in-05/12/2017 Fact for Ann Veneman

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.